Form Approved

OMB No. 0920-1353

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**Component 2: Core Viral Hepatitis Prevention Activities**

**Reporting Agency**

|  |  |
| --- | --- |
| **Reporting jurisdiction** |  |
| **Contact name** (*person completing form*) |  |
| **Contact phone number** (*xxx-xxx-xxxx*) |  |
| **Contact email address** |  |
| **Additional contact name(s)** (*if applicable*) |  |
| **Additional contact phone number(s)** (*xxx-xxx-xxxx*) |  |
| **Additional contact email address(es)** |  |
| **Date of report submission** (*MM/DD/YYYY*) |  |
| **Reporting Period**(*Complete this form with information from Reporting Period selected*) |  *Select one* □ Year 1 (5/1/21-9/30/21) □ Year 2 (10/1/21-9/30/22) □ Year 3 (10/1/22-9/30/23) □ Year 4 (10/1/23-9/30/24) □ Year 5 (10/1/24-4/30/26)  |

**2.1—Support viral hepatitis elimination planning and surveillance,**

**and maximize access to testing, treatment, and prevention**

**Measures 2.1.1.a – 2.1.1.b**

* Establishment and maintenance of a viral hepatitis elimination technical advisory committee (or coalition) with membership to support jurisdictional viral hepatitis elimination planning
* Conduct at least two meetings per year of the viral hepatitis elimination technical advisory committee (or coalition)

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| **Have you established a viral hepatitis elimination technical advisory committee (or coalition) to support viral hepatitis elimination planning?** |  *Select one* □ Completed □ In progress | □ Not started |
| **Identify the stakeholder groups that are (or will be) represented on this committee (or coalition).**(*select all that apply*) | □ Public health□ Corrections□ Criminal justice, law enforcement□ Medicaid□ Injury prevention services□ Substance use and mental health services□ Healthcare providers □ HIV care providers□ Hospitals | □ Laboratories□ Community-based organizations□ Local harm reduction coalition members □ Non-profit/advocacy groups □ People with viral hepatitis lived experience□ Other, specify: >>□ N/A (committee not established)  |
| **During this reporting period, how many times did the committee (or coalition) meet?**  | Number of meetings=  |  |
| □ No meetings held during reporting period □ N/A (committee not established)  |
| **If the committee (or coalition) met during this reporting period, please submit** **copies of all meeting agendas.**  |  *Select one* □ Submitted □ Not submitted□ N/A (committee not established)  |

**Measure 2.1.1.c**

* Development and maintenance of a viral hepatitis elimination plan with support from the technical advisory committee (or coalition)

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| **Have you developed a viral hepatitis elimination plan?** |  *Select one* □ Completed □ In progress | □ Not started |
| **Does it contain plans for elimination of hepatitis C and/or hepatitis B?**(*select all that apply*) | □ Hepatitis C□ Hepatitis B | □ N/A (plan not started)  |
| **If the viral hepatitis elimination plan is completed, please submit a copy with the APR.** |  *Select one* □ Submitted □ Not submitted□ N/A (plan not started)  |

**Measures 2.1.2.c, 2.1.4.a**

* The jurisdictional viral hepatitis elimination plan addresses recommendations for increasing HCV RNA reflex testing
* The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

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| **Does your viral hepatitis elimination plan address recommendations for increasing HCV RNA reflex testing?**  |  *Select one* □ Yes □ No | □ N/A (plan not started)  |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis C treatment?** |  *Select one* □ Yes □ No | □ N/A (plan not started)  |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis B treatment?** |  *Select one* □ Yes □ No |  □ N/A (plan not started)  |

**Measure 2.1.4.a**

* The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

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| **During the reporting period, what trainings and/or resources were shared with primary care providers related to increasing their capacity to prescribe hepatitis B or hepatitis C treatment?**  | *(Select all that apply)*□ Trainings sponsored by the health department that were conducted with primary care providers (in person or virtually) to increase their capacity to prescribe hepatitis treatment□ A repository of existing hepatitis B and/or hepatitis C training resources, with links to this information, provided on health department website□ Guidelines or recommendations related to prescribing hepatitis B or hepatitis C treatment □ Information related to reducing the administrative burden of hepatitis C treatment (e.g., getting prior authorization, using patient assistant programs)□ A provider resource directory, identifying both private and public provider resources for treatment of hepatitis B and/or hepatitis C □ Protocols for primary care provider training and consultation for various audiences in culturally sensitive/culturally appropriate formats□ Worksheets, job aids, or other tools intended to improve provider capacity to prescribe hepatitis B or hepatitis C treatment□ Other type of resources for primary care providers (please describe):  |
| **(If trainings were conducted with primary care providers):****Which of the following best describes these trainings?** **Number of trainings conducted that focused on increasing primary care provider capacity for prescribing hepatitis treatment:** **Number of primary care providers who attended these trainings:**  | *(Select one)*□ Newly developed trainings as part of PS21-2103 funding □ Training programs/curricula developed outside of PS21-2103 (e.g., Project ECHO)□ Combination of both□ Other type of primary care provider training (please describe): Enter total number of trainings that covered:Prescribing hepatitis C treatment= Prescribing hepatitis B treatmentEnter total number of primary care providers in attendance:For trainings on prescribing hepatitis C treatment=For trainings on prescribing hepatitis B treatment= |

Question below relates to required NOFO activity (2.1.c. Disseminate materials regarding evidence-based practices for access to hepatitis C treatment and viral hepatitis prevention). There is no relevant required measure described in the NOFO.

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| **During the reporting period, have you disseminated any of the following regarding evidence-based practices for prevention and access to treatment?**  | *(Select all that apply)*□ Information on hepatitis C treatment recommendations for public and private insurance payors□ Information on harm reduction for law enforcement and other emergency responders□ Information on recommended viral hepatitis prevention and treatment services for PWID, their family, and friends□ Information on recommended viral hepatitis prevention and treatment services for high-impact settings□ Prioritized materials matched to target audiences (e.g., plans for developing, adapting, or identifying materials regarding evidence-based practices; plans for dissemination of materials)□ Other materials shared related to evidence-based prevention services for persons at risk for viral hepatitis (please describe):  |

**Measures 2.1.2.a – 2.1.2.b**

* CLIA-certified laboratories that conduct testing for at least 80% of all anti-HCV results identified in the jurisdiction
* The proportion conducting HCV RNA reflex testing was assessed; feedback with recommendations conducted

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| **Have you worked with your surveillance and/or epidemiology teams to identify the total number of CLIA-certified laboratories in your jurisdiction that report hepatitis C antibody testing results?** |  *Select one* □ Yes □ No□ In progress |
| **Of the CLIA-certified laboratories you have identified that report hepatitis C antibody testing results, have you selected the subset that reports at least 80% of the hepatitis C antibody testing results in your jurisdiction?** |  *Select one* □ Yes □ No | □ In progress□ N/A (labs not identified) |
| **Of this subset, have you performed a needs assessment to identify key barriers and challenges to increasing HCV RNA reflex testing?** |  *Select one* □ Yes □ No | □ In progress□ N/A (labs not identified) |
| **What proportion of the subset is conducting HCV RNA reflex testing?** |  *Select one* %: | □ In progress□ N/A (labs not identified) |
| **Have you provided recommendations to increase HCV RNA reflex testing?** |  *Select one* □ Yes □ No |  □ In progress□ N/A (labs not assessed) |
| **How else were the results of the needs assessments used to increase HCV RNA reflex testing?**  | Describe: □ N/A (the results were not used for anything except developing recommendations related to increasing testing) |

**Measures 2.1.3.a – 2.1.3.b**

* The top 5 highest volume health systems in the jurisdiction identified
* The proportion of health systems promoting routine HCV and HBV testing assessed; feedback with recommendations was conducted

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| **What are the top 5 highest volume health systems in your jurisdiction?** | 1.2.3.4.5.□ In progress□ Not started |
| **Have you assessed how many of these health systems are promoting routine HCV testing?** |  *Select one* □ Completed □ In progress  |  □ Not started□ N/A (health systems not assessed) |
| **If so, what percent of health systems are promoting routine HCV testing?** | %: | □ In progress □ N/A (health systems not assessed) |
| **Have you assessed how many of these health systems are promoting routine HBV testing?** |  *Select one* □ Completed □ In progress | □ Not started□ N/A (health systems not assessed) |
| **If so, what percent of health systems are promoting routine HBV testing?** | %: | □ In progress□ N/A (health systems not assessed) |
| **Have you provided feedback to the top 5 highest volume health systems with recommendations on promoting routine HCV and/ or HBV testing?** |  *Select one* □ Yes, to all 5 □ No, have not provided feedback to any of them | □ Yes, to some but not all□ N/A (health systems not assessed) |
| **How else were the results of the needs assessments used to promote routine HCV and/or HBV testing?**  | Describe: □ N/A (the results were not used for anything except developing recommendations related to routine testing) |

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| **Please use this space** **to provide information about challenges and successes experienced when implementing Strategy 2.1 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |

|  |  |
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| Did you use PS21-2103 funds to conduct Strategy 2.2 activities (i.e., hepatitis C and/or hepatitis B testing and referral to care in high-impact settings) during the reporting period? | □ Yes□ No  |

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| **List all types of settings serving PWID** |
| During the reporting period, were component 2 activities conducted at one or more syringe services programs (SSPs)?□ Yes□ No  |
| During the reporting period, were component 2 activities conducted at one or more substance use disorder (SUD) treatment programs (non-hospital based)?□ Yes□ No  |
| During the reporting period, were component 2 activities conducted at one or more hospital-based substance use disorder (SUD) treatment programs? □ Yes□ No  |
| During the reporting period, were component 2 activities conducted at one or more hospital-based programs (excluding SUD treatment programs which are included separately above)?□ Yes□ No  |
| During the reporting period, were component 2 activities conducted at one or more health centers (non-hospital based)?□ Yes□ No  |
| During the reporting period, were component 2 activities conducted at one or more sexually transmitted infections (STI) clinics? □ Yes□ No  |
| During the reporting period, were component 2 activities conducted at one or more mobile clinics? □ Yes□ No  |
| During the reporting period, were component 2 activities conducted at one or more emergency departments? □ Yes□ No  |
| During the reporting period were component 2 activities conducted at one or more correctional facilities? □ Yes□ No  |
| During the reporting period were component 2 activities conducted at one or more homeless services? □ Yes□ No  |
| During the reporting period, were component 2 activities conducted at another type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No Note: If more than one other type of setting, list the first other type here and describe the additional other type(s) individually in the following questions.  |
| During the reporting period, were component 2 activities conducted at a second other type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No Note: If more than two other types of settings, list the second other type here and describe the additional other type(s) individually in the following questions.  |
| During the reporting period, were component 2 activities conducted at a third other type of setting? □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No  |

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| **Setting type** | **Was relationship established to expand HCV testing?** | **Was relationship established to expand HBV testing?** | **Number of clients seen at this setting during reporting period** |
| **SSPs***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **SUD treatment programs, non-hospital based** *questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Health centers (non-hospital based)***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Homeless services** *questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* |  *Select one* □ Yes □ No□ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* |  *Select one* □ Yes □ No □ In progress  |  *Select one* □ Yes □ No □ In progress  | >□ Unknown  |

**Measures 2.2.2.c – 2.2.2.f, 2.2.3.a**

* Number of clients screened for hepatitis C (anti-HCV), by setting
* Number of clients positive for anti-HCV, by setting
* Number of clients tested for HCV RNA, by setting
* Number of clients positive for HCV RNA, by setting
* Number of clients positive for HCV RNA linked to treatment, by setting

|  |  |
| --- | --- |
|  | **During this reporting period, number of:** |
| **Setting type** | **Clients screened for hepatitis C (anti-HCV)** | **Clients positive for anti-HCV** | **Clients tested for HCV RNA** | **Clients positive for HCV RNA** | **Clients positive for HCV RNA linked to hepatitis C treatment** |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers (non -hospital based)***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |

**Measures 2.2.2.g – 2.2.2.h, 2.2.3.b**

* Number of clients screened for hepatitis B, by setting
* Number of clients positive for HBsAg, by setting
* Number of clients positive for HBsAg linked to care, by setting

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|  | **During this reporting period, number of:** |
| **Setting type** | **Clients screened for hepatitis B** | **Clients positive for HBsAg** | **Clients positive for HBsAg linked to hepatitis B care** |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers (non- hospital based)***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  |

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| **Please use this space** **to provide information about challenges and successes experienced when implementing Strategy 2.2 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |

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| **Was Section 2.3 funded?** |  *Select one* | □ No *NOTE: Stop here if not funded*  | □ Yes |

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**2.3—Improve access to services preventing viral hepatitis**

**and other bloodborne infections among people who inject drugs (PWID)**

**Measures 2.3.3.a – 2.3.3.d**

* Number of hepatitis A vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis A vaccination series, by setting
* Number of hepatitis B vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis B vaccination series, by setting

|  |  |
| --- | --- |
|  | **During this reporting period, number of:** |
| **Setting type** | **Hepatitis A vaccination doses administered** | **Clients who completed hepatitis A vaccination series** | **Hepatitis B vaccination doses administered** | **Clients who completed hepatitis B vaccination series** |
| **SSPs***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, non-hospital based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **SUD treatment programs, hospital-based** *questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)*questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Health centers (non- hospital based)***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **STI clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Mobile clinics***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Emergency departments***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Correctional facilities***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Homeless services***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, first***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, second***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |
| **Other type of setting described above, third***questions will be skipped if not applicable* | >□ Unknown  | >□ Unknown  | >□ Unknown  | >□ Unknown  |

**Measures 2.3.1.a – 2.3.1.d, 2.3.2.a**

* Number of syringe services programs (SSPs) in the jurisdiction
* Number of visits in the jurisdiction, by SSP
* Number of unduplicated SSP clients in the jurisdiction, by SSP
* Mean (median) syringe coverage rates, by SSP
* Number of clients linked to substance use disorder treatment by SSPs in the jurisdiction, by SSP

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|  | **During this reporting period, number of:** |  |
| **Syringe services programs (SSPs) in jurisdiction** | **Total client visits** | **Unduplicated SSP clients** | **Clients linked to substance use disorder treatment** | **Mean syringe coverage rates during this reporting period** |
| **SSP 1****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 2****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 3****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 4****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 5****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 6****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 7****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 8****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 9****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 10****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 11****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 12****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 13****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 14****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 15****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 16****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 17****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 18****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 19****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 20****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 21****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 22****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 23****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 24****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 25****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 26****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 27****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 28****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 29****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 30****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 31****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 32****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 33****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 34****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 35****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 36****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 37****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 38****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 39****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 40****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 41****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 42****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 43****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 44****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 45****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 46****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 47****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 48****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 49****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |
| **SSP 50****Name:**> | >□ Unknown  | >□ Unknown  | >□ Unknown  | Mean= |

|  |  |
| --- | --- |
| **Please use this space** **to provide information about challenges and successes experienced when implementing Strategy 2.3 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |